PTO/SB/06 p3-03)

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PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875						ON RECORD		Application of Docket Number				
01 7211105												
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMAL	ENTITY	QR		R THAN L ENTITY			
FOR NUMBER FILED NUMB				BER EXTRA	RATE	FEE	7	RATE	255			
	SIC FEE OFR 1.16(=))				, ·		1,	OR	RAIE	· FEE		
	TAL CLAIMS CFR 1.16(c))	138	minus 20 =			x,25.		OR	1,50	3		
	EPENDENT CLA CFR 1.16(b))	ims 2	minus	3	¥	x ; 100.	 	1	200	 		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5180	+	OR	+360g	 		
						, (<u> </u>		ÓВ	پانسان +	 		
" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	L	OR	TOTAL	<u> </u>		
CLAIMS AS AMENDED - PART II												
	(Column 1) (Column 2) (Column 3)				SMALL	ENTITY	OR		R THAN ENTITY			
ENT A	11/23/03	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER- PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
AMENDMENT	Total (31 OFR 1.16(e))	38	Minus	" <i>3</i> 8	- /	× <u>25</u> .		OR	x. <u>50</u> .	FEE		
ÂN	Independent (37 CFR 1,15p.))	3	Minus	3-	7	x s 100.		OR	x 5200			
¥	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	FR 1.16(d))	+ \$ 180-		OR	312			
·						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
(Column 1) (Column 3)										<u> </u>		
NT B	4-27-0	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD+ TIONAL		
Ŋ.	Total GP OFR 1.16(c)	39	Minus	-38	- ·	x,25.		OR	x 50.	FEE		
AMENDMENT	Independent (37 OFR 1,160()	3	* Minus	30	•	× s 100.	·	OR	x s 200_			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					+ 180.		OR.	+36Q			
						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	50		
	•	(Column 1)		(Column 2)	(Column 3)	•						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
)ME	Total (37 OFR 1.46(c))	•	Minus	••	2	x s 25.	·	OR	ر پر			
AMENDMENT	Independent (37 CFR 1,14(b))		Minus	***	=	x s 100.		OR	, <u>20</u> 0	.:		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					-,180.		OR	. 360.			
						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE			
of the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
		"If the "Highest Number Previously Paid For" th THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" th THIS SPACE is less than 3 enter "3".										

"If the "Highest Number Previously Paid For" (NTHIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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